

Office of the Governor
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Katie Philpott, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs. Lowe Jacqueline Shuler
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

SC Board of Social Work Examiners

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 6

3 South Canterbury Court, Blythewood, SC 29016

Richland County

4] Home Telephone: 803-333-9950 5] Office Telephone: 803-898-7511 6] Fax: 803-898-7095

7] Mobile Telephone: 803-331-8333 8] Email Address: JShuler0909@aol.com

9] Drivers License # 008470528 10] Social Security #: 250-45-3392

11] Voter Registration # 406688379 12] Date of Birth: 09-09-1966

13] Race: African-American 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate B.S.; BSW; M.Ed.

Professional degree (please specify) _____

16] Present Employer SC Department of Social Services

Address 1535 Confederate Ave / P.O. Box 1520, Columbia, SC 29202

Current Position Program Manager

17] Years of residence in South Carolina: 48

18] Have you ever been arrested for a crime other than a minor traffic violation? No If so, give details.*

- 19] Have you filed state and federal income tax returns for the past five years? Yes If not, give details.*
- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? No If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? No If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? No
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? No
If so, give details.*
- 24] Have you ever served in the military? No
Were you honorably discharged? N/A If not, give details.*
- 25] Have you ever been terminated from employment for cause? No If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? No If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? No If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? No If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? No If so, list.*
- 30] Are you a registered lobbyist in the State of South Carolina? No
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? Yes If so, give details.* I am employed by the SC Department of Social Services and I receive a salary.
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? No If so, give details.*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? No If yes, give details.*

- 34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? No If so, please identify *:
- the type of property,
 - the name of the agency(s) involved,
 - the value of the transaction(s).
- 35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)
- 36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)
- 37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? No If yes, please identify *:
- the individual or business,
 - the amount of compensation paid to you,
 - the nature and amount of the contract,
 - the governmental entity involved.
- 38] I, Jacqueline Shuler Lowe, agree that, if I am appointed to the SC Board of Social Work Examiners, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Jacqueline S. Lowe
Applicant's Signature

Sworn and subscribed before me this 23rd day of February, Two Thousand and Fifteen.

Olivia L. Henry
Notary Public for South Carolina

My commission expires 11/13/2022

SENATE CONFIRMATION
CONFIDENTIAL PERSONAL DATA QUESTIONNAIRE

NOTICE: The information requested herein is needed to assist the Senate in its screening of candidates. This document is made available to and used by the appropriate Committee of jurisdiction and is not made public. Since this questionnaire is the initial step in the appointment and confirmation process, it should be returned to the Governor's Office as soon as possible. Please use additional sheets as necessary to complete this document.

Office or Seat to which you are being appointed: **SC Board of Social Work Examiners**

1. NAME: Mr.
Ms. Jacqueline Shuler Lowe

HOME ADDRESS: **3 South Canterbury Court, Blythewood, SC 29016**

BUSINESS ADDRESS: **1535 Confederate Ave, Columbia, SC 29201**
PO Box 1520, Columbia, SC 29202

TELEPHONE NUMBER: (home): 803-333-9950
(office): 803-898-7511

RESIDE IN SENATE DISTRICT#: 22 CONGRESSIONAL DISTRICT#: 06

2. Date and Place of Birth: 09/09/1966; Orangeburg County, SC Social Security #: 250-45-3392
3. Are you a citizen of South Carolina? Have you been a resident of this state for at least the immediate past 5 years? Yes and Yes
4. SCDL# or SCHD#: 008470528 Voter Registration Number: 406688379
5. Family Status: Are you
single ();
married (X);
widowed (); or
divorced ()?
- (a) If married, state the date of your marriage and your spouse's full name.
April 27, 2013 to Lawrence J. Lowe
- (b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.
N/A

- (c) State the names of your children and their ages. If your children are old enough to work, include the occupation of each child.

Step-daughter, Aleigha Hamilton, age 20, college student

6. Have you ever served in the military? If so, give the dates, branch of service, highest rank attained, serial number, present status, and the character of your discharge or release.

No

7. List each college and graduate or professional school you attended, including the dates of your attendance, the degrees you received, and if you left an institution without receiving a degree, the reason for your departure.

**The University of South Carolina, August 1984 – December 1987, B.S.
The University of South Carolina, January 1992 – August 1993, M.Ed.
Limestone College, 2004 – May 2006, BSW**

8. List the states in which you have been licensed and/or admitted to a professional practice and the year of each license and/or admission. Also, list any states in which you took a professional license exam, but were never admitted to the practice. If you took an exam more than once in any of the states listed please indicate the number of times you took the exam in each state.

**South Carolina, Licensed Baccalaureate Social Worker, Since May 16, 2006
Human Services - Board Certified Practitioner, Since 2010
Certified Adoptions Investigator, Since 1997**

9. List the significant activities in which you took part during your attendance at college, graduate, and/or professional school. Give the dates you were involved in these activities and list any leadership positions you held.

None

10. Briefly describe any continuing education during the past five years.

I attended and participated in conferences and workshops related to child welfare services, including adoption services and foster care services. Additionally, I attended trainings related to assessment of child abuse in institutional settings, assessing community resources, and ethical and fair treatment of individuals seeking services.

11. List all published books and articles you have written and give citations and dates of publication for each.

None

12. If an attorney, list all courts in which you have been admitted to practice and list the dates of your admission. Give the same information for administrative bodies which require a special admission to practice.

N/A

13. Have you ever held public office? If so, list the periods of your service, the office or offices involved, and whether you were elected or appointed.

No

14. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, give details, including dates.

N/A

15. Since completing your education, list any occupation, business, or profession in which you have been engaged other than holding public office. Give details, including a description of your occupation, business, or profession, the dates of your employment, and the name of your business or employer.

I have been employed in the area of child welfare services for my entire professional career. I have been employed with the SC Department of Social Services (DSS) for most of my professional career, beginning in 1988. Other than a short period of time of working with SC Department of Mental Health and with SC Mentor, I have been employed full-time with SC DSS. Additionally, I have worked as needed as a patient liaison at Lexington Medical Center from October 2001 until May 2011, providing patient advocacy services, including complaint resolution, advance directives and patient visits.

My dates of employment are as follows:

**March 1988 – April 1991
April 1991 – January 1992
January 1992 – August 1993**

**Orangeburg County DSS – Eligibility Specialist
Bamberg County DSS – Foster Care Specialist
Graduate School (USC)**

August 1993 – February 1994	Orangeburg Area Mental Health Center - Counselor
February 1994 – November 1997	SC Mentor, Inc. – Clinical Coordinator
November 1997 – May 2003	SC DSS, Adoption Services – Adoption Manager
May 2003 – October 2005	SC DSS, Foster Care Division – Foster Care Consultant
October 2005 – July 2008	SC DSS, Specialized Foster Home Services, Supervisor
July 2008 – July 2011	SC DSS, Specialty Programs, Program Manager
July 2011 – Present	SC DSS, Licensing Programs, Program Manager

16. Are you now an officer or director or involved in the management of any business enterprise? Explain the nature of the business, your duties, and the term of your service.

No

17. Provide a complete, current financial net worth statement that itemizes in detail:

- a) the identity and value of all financial assets held, directly or indirectly, including, but not limited to, bank accounts, real estate, trusts, investments, and other financial holdings

Bank Account	22,000
Real Estate	80,000
401K	51,000
Pension	79,000

- b) the identity and amount of each liability owed, directly or indirectly, which is in excess of \$1,000, including, but not limited to, debts, mortgages, loans, and other financial obligations.

Mortgage	52,000
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A sample net worth statement is provided with this questionnaire for you convenience. You may use any other comparable form if it was prepared within the past six months.

18. Describe any financial arrangements or business relationships which you have, or have had in the past, that could constitute or result in a possible conflict of interest in the position you seek. Explain how you would resolve any potential conflict of interest.

N/A

19. Have you ever been arrested, charged, or held by federal, state, or other law enforcement authorities for violation or for suspicion of violation of any federal law or regulation, state law or regulation or county or municipal law, regulation or ordinance? If so give details but do not include traffic violations for which a fine of \$125 or less was imposed.

No

20. Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you? Have you ever defaulted on a student loan? Have you ever filed for bankruptcy? If so, give details.

No

21. Have you ever been sued, personally or professionally? If so, give details.

No

22. Have you ever been disciplined or sited for unprofessional conduct or a breach of ethics by any court, administrative agency, bar association, disciplinary committee, or other professional group? Have you ever been the subject of a formal complaint, or is there a complaint pending against you before such a group? If so, give the details and describe any final disposition.

No

23. Are you now or have you ever been employed as a "lobbyist," as defined by S.C. Code §2-17-10(14)? If so, give the dates of your employment or activity in such capacity and specify by whom you were directed or employed.

No

24. Since being notified of your possible appointment, have you accepted lodging, transportation, entertainment, food, meals, beverages, money, or any other thing of value as defined by S.C. Code §2-17-10(1) from a lobbyist or lobbyist's principal? If so, please specify the item or items you received, the date of receipt, and the lobbyist or lobbyist's principal involved.

No

25. Itemize (by amount, type, and date) all expenditures, other than those for travel and room and board, made by you, or on your behalf, in furtherance of your candidacy for the position you seek.

N/A

26. List the amount and recipient of all contributions made by you or on your behalf to the appointing authority or members of the General Assembly within six months of the filing of this questionnaire.

N/A

27. Have you directly or indirectly requested the pledge of any member of the General Assembly as to your confirmation for the position for which you are being appointed?

No

28. Have you requested a friend or colleague to contact members of the General Assembly on your behalf? If so, give details.

No

29. Have you or has anyone on your behalf solicited or collected funds to aid in the promotion of your candidacy? If so, please specify the amount, solicitor, donor, and date of the solicitation.

No

30. List all professional organizations of which you are a member and give the titles and dates of any offices you have held in such groups.

None

31. List all civic, charitable, educational, social, and fraternal organizations of which you are or have been a member during the past five years and include any offices held in such a group, any professional honors, awards, or other forms of recognition received and not listed elsewhere.

Children's Chance, Board Member, 2009 – 2011

Delta Sigma Theta Sorority, Inc., Member since April 2009

Delta Sigma Theta Sorority, Inc.

SC Coordinator for Risk Management, September 2014 - Present

32. List any local, county or statewide board, commission, council or other body on which you currently serve which constitutes the holding of an office under the provisions of Article VI, Section 3 of the South Carolina Constitution, to wit:

No person may hold two offices of honor or profit at the same time. This limitation does not apply to officers in the militia, notaries public, members of lawfully and regularly organized fire departments, constables, or delegates to a constitutional convention.

None

33. Provide any other information which may reflect positively or negatively on your candidacy, or which you believe should be disclosed in connection with consideration of appointment to the position that you seek.

I have been a licensed baccalaureate social worker since 2006 and have worked on behalf of children and families for more than 20 years. I believe in fair and equitable treatment for all, regardless of economic or social status.

Professionally, I have maintained positive, ethical, and respectful working relationships with other entities. To enhance my skill level, I maintain continuous educational requirements for licensure purposes and to stay abreast of best practices.

Most recently, I was appointed to represent my sorority on a state-level for risk management. In that role, I provide guidance on potential for risk to the organization and 46 local chapters in South Carolina.

34. List the names, addresses and telephone numbers of five persons, including your banker, who will provide letters of reference. Letters should be *addressed* the South Carolina Senate and **must be mailed with your completed application to: Office of the Governor, ATTN: Katie Philpott, 1205 Pendleton Street, Columbia, SC 29201.**

- (a) Ms. Susan Hadinger, SC State Credit Union, P.O. Box 726, Columbia, SC 29202
(803) 343-0300, ext. 3102

- (b) Mr. Carl Brown, SC Foster Parent Association, PO Box 39, Elgin, SC 29045
(803) 865-2020
- (c) Ms. Paula M. Fendley, Palmetto Association for Children and Families, 133 Powell Drive,
Lexington, SC 29072
(803) 996-5437
- (d) Ms. Monica R. Owens, 2006 Village Creek Drive, Columbia, SC 29210
(803) 772-0340
- (e) Mr. John Shackelford, SC DSS, 1535 Confederate Ave, Suite 517, Columbia, SC 29201
(803) 315-9341

YOUR SIGNATURE WILL BE HELD TO CONSTITUTE A WAIVER OF THE
CONFIDENTIALITY OF ANY PROCEEDING BEFORE ANY PROFESSIONAL GRIEVANCE
COMMITTEE OR ANY INFORMATION CONCERNING YOUR CREDIT.

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

Date: 02/23/2015

Signature: Jacqueline S. Lowe

Confidential Financial Statement
Net Worth

Provide a complete, current financial net worth statement which itemizes in detail all assets (including bank accounts, real estate, securities, trusts, investments, and other financial holdings) and all liabilities (including debts, mortgages, loans, and other financial obligations).

ASSETS

Cash on hand in banks	21,000
U. S. Government securities—add schedule	
Listed securities—add schedule	
Accounts and notes receivable:	
Due from relatives and friends	
Due from others	
Doubtful	
Real estate owned—add schedule	80,000
Real estate mortgages receivable	
Cash value—life insurance	
Other assets—itemize:	
401K	51,000
Pension	79,000

Total assets	231,000

LIABILITIES

Notes payable to banks—secured	
Notes payable to banks—unsecured	
Notes payable to relatives	
Notes payable to others	
Accounts and bills due	
Unpaid income tax	
Other unpaid tax and interest	
Real estate mortgages payable—add schedule	52,000 (618.25/mo)
Chattel mortgages and other liens payable	
Other debts—itemize:	

Total liabilities	52,000
Net worth	179,000

CONTINGENT LIABILITIES

As endorser, comaker or guarantor
 On leases or contracts
Legal claims
 Provision for Federal Income Tax
 Other special debt

GENERAL INFORMATION

Are any assets pledged? **No**
(Add schedule)

Are you defendant in any suits or legal actions? **No**

Have you ever taken bankruptcy? **No**

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE
BEST OF MY KNOWLEDGE.

Date: 02/23/2015 Signature: Jacqueline S. Lowe

Name of Candidate or Filer: *Last Name, First Name, Middle Initial* Mr. () Mrs. (x) Ms. ()

[illegible]

Mailing Address:		3	S	O	U	T	H	C	A	N	T	E	R	B	U	R	Y	C	T	
City:	B	L	Y	T	H	E	W	O	O	D								State:	S	C
Zip:	2	9	0	1	6	Phone:		8	0	3	-	3	3	1	-	8	3	3	3	

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

2	5	0	-	4	5	-	3	3	9	2
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NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN **BLUE** OR **BLACK** INK, OR **TYPE**.

DO NOT USE PENCIL

KEEP A COPY FOR YOUR RECORDS

\$100 PER DAY PENALTY IF FILED LATE

E5A.1 STATE ETHICS COMMISSION-STATEMENT OF ECONOMIC INTERESTS FORM pg. 2 of 4

PRINT IN BLACK OR BLUE INK, OR TYPE (DO NOT USE PENCIL)

1. Have you previously filed this form? ☒ Yes ☐ No ☒ X

2. County of Residence: R I C H L A N D

3. Name: (Last-First-Middle Initial)	L	O	W	E		J	A	C	Q	U	E	L	I	N	E				
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4. Mailing Address: 3 S O U T H C A N T E R B U R Y C T

City: B L Y T H E W O O D State: S C

Zip:

2	9	0	1	6
---	---	---	---	---

 5. Phone:

8	0	3	-	3	3	1	-	8	3	3	3
---	---	---	---	---	---	---	---	---	---	---	---

*Status	Position, Title, and Agency (If House or Senate, include District #)	Term of Office (mo/yr)
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6. Current _____ (a) _____ From _____ To _____

From _____ To _____

7. Sought 1 (b) SC Board of Social Work Examiners From _____ To _____

*Status: 1. Appointed 2. Candidate 3. Employee 4. Elected 5. Employee/Regulated Business Association

8. Date of Hire or Appointment (mo-yr): 2015

CANDIDATES ONLY

9. Date filed as a candidate (mo/da/yr)

10. Election Date(s) (mo/da/yr) Primary _____ General _____ Special _____

11. NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM. A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).

IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.

ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

12. **CERTIFICATION:** I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty will be levied.

Date 02-23-2015 Signature Jacqueline S. Lowe

FOR OFFICE USE ONLY:

☐ COMPLETE _____ ☐ INCOMPLETE
☐ ENTERED ☐ SCANNED

FAXED COPIES WILL NOT BE ACCEPTED

The original must be received no later than 5:00 p.m. on the date of the established deadline.

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

SEC STATEMENT OF ECONOMIC INTERESTS

pg. 4 of 4

E5A.3

17. CREDITORS (Check if none ☒)

Name and Address of Creditor	Rate of Interest	Original Amount	Outstanding Amount

18. LOBBYISTS (Check if none ☒)

(a) Name of Lobbyist	Relationship or Association

(b) Name of Lobbyist	Goods/Service Purchased	Amount	Purchased From	Relationship

19. GOVERNMENT CONTRACTS (Check if none ☒)

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency

20. GIFTS (Check if none ☒)

Nature of Gift	Value	Donor	Relationship

21. MEMBERS OF AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY (Check if none ☒)

Person Represented	Services Rendered	Nature Contact w/Gov. Agency	Fees Earned

SEC STATEMENT OF ECONOMIC INTERESTS

pg. 3 of 4

E5A.2

(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)

13. INCOME AND BENEFITS FROM STATE AND LOCAL AGENCIES IN SOUTH CAROLINA (Check if none ☐)

Source	Type	Amount/Value
SC Department of Social Services	Salary	\$64,418.00/year

14. REGULATED BUSINESS ASSOCIATIONS (Check if none ☒)

Name of Business	Relationship	Source of Regulatory Involvement

15. REAL OR PERSONAL PROPERTY INTERESTS (Check if none ☒)

Description	Value	Location

Nature and Value of Improvements N/A

Nature of Potential Conflict of Interest N/A

Agency Purchasing, Leasing, or Renting the Property*

*A copy of the contract, lease, or rental agreement must be attached to this form.

16. BUSINESS INTERESTS (Check if none ☒)

Name of Business	Relationship



February 18, 2015

To Whom It May Concern,

Ms. Jacqueline S Lowe has been a member in good standing with South Carolina State Credit Union since 1988.

Her accounts are all current and in good standing with us.

Thank you

Sincerely,

A handwritten signature in black ink that reads 'Susan F. Hadinger'. The signature is fluid and cursive, with a large loop at the end of the last name.

Susan F Hadinger

Loan Officer

803-343-0300 x 3102

South Carolina
foster parent
Association

PO Box 39 • Elgin, SC 29045 • 803.865.2020

February 23, 2015

South Carolina Senate
Office of the Governor
ATTN: Katie Philpott
1205 Pendleton Street
Columbia, SC 29201

Dear Ms. Philpott,

The South Carolina Foster Parent Association is very pleased to recommend Jacqueline Lowe, who has been nominated by the Governor's Office, for the Board of Social Work Examiners.

The association has worked for years with Ms. Lowe and have found her to be of exceptional character. She has always demonstrated a high degree of loyalty and trustworthiness to her work and to her associates. She carries out her obligations with much enthusiasm and resolve.

Ms. Lowe has outstanding leadership abilities and communication skills. She accomplishes any task set before her with great initiative and a very positive attitude.

The South Carolina Foster Parent Association has no hesitation in recommending Ms. Lowe to the Board of Social Work Examiners.

Sincerely,



Carl Brown
Executive Director



**Palmetto Association
for Children & Families**

Helping Children. Serving Families.

January 18, 2015

ATTN: Katie Philpott
South Carolina Senate
Office of the Governor
1205 Pendleton Street
Columbia, SC 29201

Re: Jacqueline Lowe
3 South Canterbury Court
Blythewood, SC 29016


Dear Ms. Philpott:

Please accept this letter of reference for the above captioned candidate for service on the Board of Social Work Examiners at the South Carolina Department of Labor, Licensing, and Regulation. It is with great pleasure that I provide this recommendation for Ms. Lowe.

Currently, Ms. Lowe is employed by the South Carolina Department of Social Services in a regulatory role for the agency. As a part of the regulated community, our Association represents private child serving organizations which deliver services to children who have been abused, neglected, or have other behavioral health issues which require interventions from private sector service providers. Ms. Lowe provides outstanding leadership in her role as technical assistance consultant, and it has been my experience that she is well respected by our statewide membership.

Additionally, Ms. Lowe is often available for questions and consultation, and provides fair and even-handed guidance in public policy meetings. She has a rational and calm demeanor, and enjoys a very solid reputation among social workers. I have no reservations in recommending her for a position on the Board of Examiners. She will be an excellent addition to this group, and we believe she is dedicated to providing high quality services to children and their families.

Best Regards,


Paula M. Fendley, M. Ed., LMSW
Chief Executive Officer

Monica R. Owens, MSW, LMSW
2006 Village Creek Drive
Columbia, SC 29210

February 16, 2015

Ms. Katie Philpott

Office of the Governor

1205 Pendleton Street

Columbia, SC 29201

Dear Ms. Philpott,

I am writing to recommend Jacqueline Lowe as a member of the Board of Social Work Examiners. I have known Mrs. Lowe for the past twenty (20) years professionally and personally. Mrs. Lowe has always conducted herself as the ultimate professional displaying the characteristics of a successful social worker – respectful of diversity, ethical and responsible, and empathic. She has been a champion for children and families for her entire career. Mrs. Lowe would be a valuable asset to this Board as she is fair and thorough in everything she undertakes both personally and professionally. She would represent this Board with honor, fortitude, flexibility, and fairness.

In closing, I reiterate my strong support of Mrs. Jacqueline Lowe becoming a member of the Board of Social Work Examiners.

Sincerely,

A handwritten signature in cursive script, appearing to read "Monica R. Owens".

Monica R. Owens, MSW, LMSW

John Shackelford
S.C. Department of Social Services
1535 Confederate Avenue
Suite# 517
Columbia, SC 29201

South Carolina Senate
Office of the Governor
ATTN: Katie Philpott
1205 Pendleton Street
Columbia, SC 29201

Dear Ms. Philpott,

I would like to formally recommend Ms. Jacqueline Shuler Lowe to the Board of Social Work Examiners at the Department of Labor, Licensing and Regulation. I have known Ms. Lowe for over three years and have directly supervised her for one year. Ms. Lowe has over 29 years' experience in the field of social work. Ms. Lowe has been responsible for overseeing care coordination and linkages to services for multiple populations (medically-fragile, children in foster care, children with severe emotional disturbance, intellectual disabilities, adoption and birth parents, etc.). Ms. Lowe is intimately familiar with the system of care and the available array of medical, behavioral, economic, educational, community-based support services for children and families at risk.

Ms. Lowe exemplifies leadership at all levels within the S.C. Dept. of Social Services (SCDSS) and within our network of stakeholders in the system of care. In her current role of overseeing all licensing functions for statewide delivery of foster care homes, therapeutic foster care homes, medically-fragile homes, group care residential facilities; Ms. Lowe has been able to collaborate, provide technical assistance and successfully ensure thousands of community-based homes and residential facilities are available to support children at risk in the child welfare system. Ms. Lowe has cultivated professional relationships throughout the state and is well respected even though she has to hold providers, sister agencies and internal staff accountable for specific outcomes. Ms. Lowe has an extraordinarily diverse background in coordination and linkage of state service array, federal regulations guiding child welfare activities and services, behavioral health, educational and medical services. We at SCDSS depend upon Ms. Lowe for not only her expertise and background, but also her ability to assimilate complex situations where regulatory and therapeutic and/or best interest of the child and family sometimes conflict with each other.

I would highly recommend Ms. Lowe for service with the Board of Social Work Examiners at the Department of Labor, Licensing and Regulation. Ms. Lowe has a comprehensive understanding of the social work field along with the gaps and advancements in social work practices and what tools are necessary to navigate the system effectively for children and families. I feel she can be a great addition to continue the tradition of quality with the Board of Social Work Examiners. If you would like additional information about Ms. Lowe, you can telephone me at (803) 315-9341.

Sincerely,

A handwritten signature in black ink, appearing to read "John Shackelford", written over a horizontal line.

John Shackelford, M.A. HRD
Director of Knowledge, Management and Practice Standards
S.C. Department of Social Services